

APPLICATION FOR EDUCATIONAL ASSISTANCE
FORM TO BE FILLED OUT PRIOR TO ENROLLMENT
Administrative Procedures 11-1.12.A-E.

A regular full-time employee may apply for educational assistance upon successful completion of original probation.

Name: _____ Date: _____

Department: _____ Division: _____

I. Employee request for educational assistance: I request educational assistance consideration for the following:

Class	Credit Hours / Units	Course Begin Date / End Date	Day / Time	Completion Grade (filled in by Human Resources)

Please provide information on how the course(s) will benefit you in your job and how it relates to either your current position or to a defined career with the County. Attach copies of registration and paid receipts for reimbursable charges (cost of fees, tuition, books and course-required supplies).

Each employee will be required to sign an agreement stating that if he/she separates from County employment for any reason within one year of receiving reimbursement, an amount will be withheld from the final paycheck according to the following schedule: Admin Proc 11-1.12.D.4.

Reimbursement Date of Separation	Percentage Withheld
Up to 4 months from receiving reimbursement	75%
5 to 8 months from receiving reimbursement	50%
9 to 12 months from receiving reimbursement	25%

Employee Signature: _____ Date: _____

II. **Department Authorization:** The department acknowledges the employee is approved to participate in the course(s) outlined in Section I and that reimbursable charges incurred by the employee will be paid by the Department.

Immediate Supervisor's Signature: _____ Date: _____

Department Director's Signature: _____ Date: _____

Department Director acknowledges funds ensuring coverage for reimbursement: Yes No

III. **Reimbursement Verification:**
(Filled out by Human Resources)

Cost of Fees: _____
Tuition: _____
Books: _____
Course-Required Supplies: _____

TOTAL : =====
REIMBURSABLE TO EMPLOYEE (50%): =====

Funding Verification: Fund No.: _____

Financial Services Authorized Signature: _____ Date: _____

Human Resources Director Signature: _____ Date: _____

HUMAN RESOURCES ACTION: Upon submission ensure all required information and signatures are completed, then hold application until receipt of final grades. Upon completion of application in its entirety, submit the original application with supporting documentation back to requesting department for processing of a department claim for reimbursable charges. Retain copies of documents for inclusion in employee's personnel file and enter educational data in HRMS.